

TRAVEL EXPENSE CLAIM

**See Instructions and Privacy
Statement on Reverse Side**

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Eric Swedlund				Washington DC Office	
POSITION		CB/ID NUMBER		DIVISION OR BUREAU	
Deputy Director					
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS		TELEPHONE NUMBER	
CITY		STATE		ZIP	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
											MILES			AMOUNT
Mar-10														
10-Mar		Washington, DC								15.50		0.00	15.50	
11-Mar		Washington, DC								7.00		0.00	7.00	
										0.00		0.00	0.00	
										0.00		0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
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												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.50	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$22.50		

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

travel to and from meetings for the month of March

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMAN

DATE _____

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE _____